

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN5301	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED  05/14/2012
NAME OF PROVIDER OR SUPPLIER  BAPTIST CONVALESCENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 450 COLLEGE ST NEWPORT, TN 37821		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N1410	<p>1200-8-6-.14(2)(a)5.(ii) Disaster Preparedness</p> <p>(2) Physical Facility and Community Emergency Plans.</p> <p>(a) Physical Facility (Internal Situations).</p> <p>5. Each of the following disaster preparedness plans shall be conducted annually prior to the month listed in the plan. Drills are for the purpose of educating staff, resource determination, testing personnel safety provisions and communications with other facilities and community agencies. Records which document and evaluate these drills must be maintained for at least three (3) years.</p> <p>(ii) External disaster procedures plan (for tornado, flood, earthquake), to be exercised prior to March, shall include:</p> <p>(I) Staff duties by department and job assignment; and,</p> <p>(II) Evacuation procedures.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to exercise their annual earthquake drill.</p> <p>The findings include:</p> <p>Record review and interview with the Facility Manager on May 14, 2012 at 11:00 a.m. confirmed that the facility failed to exercise their annual earthquake drill.</p> <p>This finding was verified and acknowledged by the Facility Manager and Director of Nursing during the exit conference on May 14, 2012.</p>	N1410	<p>N1410 - An external disaster drill for earthquake will be scheduled and completed prior to 6/29/12.</p> <p>Completed disaster drills will be reported quarterly to the Safety Committee. A list of required drills will be a part of the report.</p>	6/28/12

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

STATE FORM

6899

ZUKG21

If continuation sheet 1 of 3

MAY 30 2012

Division of Health Care Facilities

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N1411	Continued From page 1	N1411	N1411 - An internal disaster drill for a bomb threat will be scheduled and completed prior to 6/29/12.	6/28/12
N1411	1200-8-6-.14(2)(a)5.(iii) Disaster Preparedness  (2) Physical Facility and Community Emergency Plans.  (a) Physical Facility (Internal Situations).  5. Each of the following disaster preparedness plans shall be conducted annually prior to the month listed in the plan. Drills are for the purpose of educating staff, resource determination, testing personnel safety provisions and communications with other facilities and community agencies. Records which document and evaluate these drills must be maintained for at least three (3) years.  (iii) Bomb Threat Procedures Plan, to be exercised at any time during the year.  (I) Staff duties by department and job assignment; and,  (II) Search team, searching the premises.  This Rule is not met as evidenced by: Based on record review and interview, the facility failed to perform their annual bomb threat drill.  The findings include:  Record review and interview with the Facility Manager on May 14, 2012 at 11:00 a.m. confirmed that the facility failed to perform their annual bomb threat drill.  This finding was verified and acknowledged by the Facility Manager and Director of Nursing	N1411	Completed disaster drills will be reported quarterly to the Safety Committee. A list of required drills will be a part of the report.	

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N1411	Continued From page 2 during the exit conference on May 14, 2012.	N1411			

MAY 30 2012